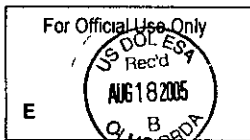


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9880</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Mark</u> <u>McCleskey</u>  P O Box, Bldg, Room No, if any  Street <u>610 East Main</u> City <u>Griffith</u> State <u>Indiana</u> ZIP Code + 4 <u>46319</u>	4 Name, file number, and address of labor organization Name <u>Plasterers and Cement Masons AFL-CIO #692</u> Labor Organization File Number <u>530-002</u> P O Box, Building and Room Number, if any  Street <u>220 North Fulton Street</u> City <u>Indianapolis</u> State <u>Indiana</u> ZIP Code + 4 <u>46202</u>
5 Position in labor organization <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income     7 b Amount     \$0

### Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Mark McCleskey</u>	On <u>8/11/05</u> Date	<u>219-489-5137</u> Telephone Number

12

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Enchanced Investment Technologies, LLC

Trade Name, if any

P O Box Bldg, Room No, if any Harbour Financial Center

Street 2401 P G A Boulevard, Suite 200

City Palm Beach Gardens

State Florida ZIP Code + 4 33410

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name IN ST COUNCIL OF PLASTERERS AND CM PENSION F

Trade Name, if any PLASTERER'S AND CEMENT MASONS

P O Box, Bldg, Room No, if any P O BOX 50440

Street

City INDIANAPOLIS

State Indiana ZIP Code + 4 46250-0440

## 11 a Nature of such dealing

After Meeting Dinner  
August 2004

## 11 b Approximate dollar value of such dealing

\$55

## 12 a Nature of interest held or income received

After Meeting Dinner  
August 2004

## 12 b Amount

\$0

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

\$0

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name IN ST COUNCIL OF PLASTERERS C MASONS HW FUND

Trade Name, if any

P O Box, Bldg, Room No, if any P.O BOX 50440

Street

City INDIANAPOLIS

State Indiana ZIP Code + 4 46250-0440

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Indiana State Council Of Plasterers and Cement  
Masons Health and Welfare FundThe Fund provides Health Insurance and Benefits for  
it ParticipantsParticipants Yearly cost of Program = \$6,300 00  
Benefits paid by fund in 2004 was \$7,368,905

## 11 b Approximate dollar value of such dealing

\$7,368,905

## 12 a Nature of interest held or income received

Mileage and hotel reimbursement Trust meetings  
\$820 21 Registration NCCMP Conference \$725.00Advance Hotel Reservation NCCMP 250 88  
NCCMP Conference expense \$2445 54 Conference expense  
paid by Pension Fund 1710 71, Conference paid by H/W  
Fund 2530.92

## 12 b Amount

\$4,242

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value13 a Name and address of Employer or Labor Relations Consultant  
(including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment.

## 14 b Amount of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing Mark McCleskey

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State  ZIP Code + 4 

## 9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State  ZIP Code + 4 

## 11 a Nature of such dealing

11 b Approximate dollar value of such dealing  \$0

## 12 a Nature of interest held or income received

12 b Amount  \$0

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name  GARIUPTrade Name, if any P O Box, Bldg, Room No, if any  P O BOX M 879Street  3965 HARRISON STREETCity  GARYState  Indiana ZIP Code + 4  46401

## 14 a Nature of payment

 Cheese Box  
 December 200413 b Is the Business an Employer ☒ or Consultant ☐ ?14 b Amount of payment  \$40

Name of Person Filing Mark McCleskey

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State  ZIP Code + 4

**9 Business deals with**

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg Room No if any

Street

City

State  ZIP Code + 4

**11 a Nature of such dealing****11 b Approximate dollar value of such dealing**  \$0**12 a Nature of interest held or income received****12 b Amount**  \$0

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name  AMALGAMATED BANK OF CHICAGO

Trade Name, if any

P O Box, Bldg , Room No , if any  ONE WEST MONROE

Street  3965 HARRISON STREET

City  CHICAGO

State  Illinois ZIP Code + 4  60603

**14 a Nature of payment**

(1) TWO DINNER'S \$50 00 EACH  
2004

(2) LABOR COUNCIL (SEE ATTACHED REPORT) \$750 00  
04/04/04 -

**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?**14 b Amount of payment** \$850

13 a

Mark McCleskey

07/14/2005

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Mark McCleskey  
Signature

8/11/05  
Date